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**DECLARATION FOR UTILITY OR
DESIGN PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing Declaration Submitted after Initial Filing
OR (surcharge 37 CFR 1.16 (e) required)

Attorney Docket Number	8324-2
First Named Inventor	Andreas MELZER
COMPLETE IF KNOWN	
Application Number	
Filing Date	June 1, 2005
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VESSEL FILTER

VESSEL FILTER

(Title of the Invention)

the specification of which

is attached hereto
OR
 was filed on (MM/DD/YYYY) **12/12/2003** as United States Application Number or PCT International

Application Number **PCT/DE2003/004199** and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's

certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Check Only If Priority Not Claimed	Certified Copy Attached?	
				YES	NO
102 58 708.6	DE	12/12/2002		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 USC 119(e) of any United States provisional application(s) listed below.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:	
Application Number(s)	Filing Date (MM/DD/YYYY)

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

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U.S. Parent Application or PCT Number		Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (If applicable)			
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:								
<input checked="" type="checkbox"/> Customer Number		30565			<input type="checkbox"/> Place Customer Number Bar Code Label Here			
OR								
<input type="checkbox"/> Registered practitioner(s) name/registration number listed below.								
Name		Registration Number		Name		Registration Number		
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information Sheet PTO/SB/02C attached hereto.								
Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number Bar Code Label		30565		OR <input type="checkbox"/> Correspondence address below		
Name								
Address								
Address								
City		State		ZIP				
Country		Telephone		Fax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.						
Given Name (first and middle [if any])				Family Name or Surname				
Andreas				MELZER				
Inventor's Signature					Date			
Residence	City	Mülheim an der Ruhr	State		Country	Germany	Citizenship	German
Post Office Address	Föhrenkamp 35c							
Post Office Address								
City	45481 Mülheim an der Ruhr	State		ZIP		Country	Germany	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								

ADDITIONAL INVENTOR(S)
Supplemental Sheet
PTO/SB/02A

Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.						
Given Name (first and middle [if any])				Family Name or Surname				
Gregor				SCHAEFERS				
Inventor's Signature						Date		
Residence	City	Bottrop	State		Country	Germany	Citizenship	German
Post Office Address	Schützenstrasse 62							
Post Office Address								
City	456236 Bottrop	State		ZIP		Country	Germany	
Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.						
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature						Date		
Residence	City		State		Country		Citizenship	
Post Office Address								
Post Office Address								
City		State		ZIP		Country		
Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.						
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature						Date		
Residence	City		State		Country		Citizenship	
Post Office Address								
Post Office Address								
City		State		ZIP		Country		